FORM 1	STATEM	IENT OF	2013		
Please print or type your name, mailing address, agency name, and position below	Please print or type your name, mailing address, agency name, and position below: FINANCIAL INTEREST				<u>':</u>
LAST NAME FIRST NAME MIDDLE				l	
MAILING ADDRESS:	Marlon				
4733 Fra	pevine Way				
Dovie	3 3 3 3 7				
CITY:	ZIP: COUNTY:				
NAME OF AGENCY :					
NAME OF OFFICE OR POSITION HEL	2019/7 ()a(), (				
Council Member	Town of Da	ule			
You are not limited to the space on the line					
CHECK ONLY IF CANDIDATE	OR NEW EMPLOYEE OR A	(PPOINTEE			
**** BOTH	PARTS OF THIS SECT	ION MUST BE COMP	PLETE	ED ****	
THIS STATEMENT REFLECTS YOUR YEAR OR ON A FISCAL YEAR. PLEAEITHER (must check one):					
DECEMBER 31, 201	B OR SPECIFY	TAX YEAR IF OTHER THAN	THE CA	LENDAR YEAR:	
MANNER OF CALCULATING REPOR FILERS HAVE THE OPTION OF USII CALCULATIONS, OR USING COMPA further details). CHECK THE ONE YO	G REPORTING THRESHOLDS TRATIVE THRESHOLDS, WHICH A	THAT ARE ABSOLUTE DOLLA RE USUALLY BASED ON PE	R VALU	JES, WHICH REQUIRES FEW AGE VALUES (see instructions	ER for
· · · · · · · · · · · · · · · · · · ·		OR DOLLAR V	/ALUE	THRESHOLDS	
PART A PRIMARY SOURCES OF IN (If you have nothing to repo		he reporting person - See instruc	ctions]		
NAME OF SOURCE OF INCOME		JRCE'S DRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY		
Biscarne Restor	tion 2019 n1:150	n St. Hollyword	General contractor		
Bis Castle Paintin	9 (1)	F/. 31020	Pai	uting contracto	/
PART B SECONDARY SOURCES O [Major customers, clients, ar (If you have nothing to rep	d other sources of income to busines	ses owned by the reporting pers	ion - See	instructions]	
NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE		PRINCIPAL BUSINESS ACTIVITY OF SOURCE	
PART C REAL PROPERTY [Land, buildings owned by the reporting person - See instructions] (If you have nothing to report, write "none" or "n/a")			FILING INSTRUCTIONS for when and where to file this		
t/sme	form are located at the bottom				
13251 S.w /6		of page 2.  INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.			
Novic Fl.					

WHAT TO FILE:	<u>FILII</u> WHERE	<u>NG INSTRUCT</u> TO FILE:	<u>IONS:</u>	WHEN TO FILE:			
Signature				Date			
she must complete the following stat  I, the instructions to the form. Upon my	tement: . p	repared the CF Forr	n 1 in accordance	with Section 112 3145	•		
If a certified public accountant licens	eed under Chapter 473 o	or attorney in good s		Florida Bar prepared thi	s form for you he or		
SIGNATURE (required):		DATE	SIGNED (red	quired):			
IF ANY OF PARTS A TH	ROUGH F ARE CON	TINUED ON A SE	PARATE SHEE	ET, PLEASE CHÉCK	HERE 🔲		
NATURE OF MY OWNERSHIP INTERES	ST	120%		100 %	6		
I OWN MORE THAN A 5% INTEREST IN	THE BUSINESS /	PresiDent		PraciDa	x 7		
POSITION HELD WITH ENTITY	C	ofraction	/	Contrac	ting		
PRINCIPAL BUSINESS ACTIVITY	20	14 Wilson	5/ 1/0	11/ No. 0 4	1, 3,10,0		
ADDRESS OF BUSINESS ENTITY	Bis	Caybe Ro.	tolation	Bisceyne	Palatina		
PART F — INTERESTS IN SPECIFIED (If you have nothing to rep NAME OF BUSINESS ENTITY	BUSINESSES [Ownershi ort, write "none" or "n/a")	p or positions in certa BUSINESS ENTITY			ENTITY#2		
PART E — LIABILITIES [Major debts (If you have nothing to re	eport, write "none" or "n/a	a")	ADDRESS	OF CREDITOR			
TYPE OF INTANGIBLE	<u> </u>	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES					
PART D — INTANGIBLE PERSONAI (If you have nothing to r	L PROPERTY [Stocks, bon- eport, write "none" or "n/	ds, certificates of depo a")	sit, etc See instru	uctions]			

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

If you have nothing to report in a particular section, you must write "none" or "n/a" in that section(s).

## NOTE:

## **MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

State officers or specified state employees file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709; physical address: 325 John Knox Road, Building E, Suite 200, Tallahassee, FL 32303.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

Facsimiles will not be accepted.

Initially, each local officer/employee, state officer, and specified state employee must file within 30 days of the date of his or her appointment

or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

*Finally*, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment. However, filing a CE Form 1F (Final Statement of Financial Interests) does <u>not</u> relieve the filer of filing a CE Form 1 if he or she was in their position on December 31, 2013.